DOCUMENT RESUME

ED 067 797 EC 050 078

TITLE	Public Library Services for the Physically Handicapped.
INSTITUTION	Canadian Library Association, Ottawa (Ontario).
PUB DATE	72
NOTE	35p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Exceptional Child Services; Handicapped Children; Home Visits; *Library Services; *Physically Handicapped; Public Facilities; Surveys; Talking Books
IDENTIFIERS	*Canada

ABSTRACT

Five brief articles provide librarians with information intended to enable them to serve the library needs of the physically handicapped. Presented are the results of a survey of the services and resources available to the physically handicapped in public libraries across Canada. Discussed are recommendations for libraries from national organizations for the handicapped based in Toronto which deal with such handicaps as blindness, cerebral palsy, deafness, multiple sclerosis, paraplegia, and Parkinson's disease. Organizations and institutions serving the physically handicapped in British Columbia are examined to determine the extent of existing library services and possible improvements. The Toronto public library's service to shut-ins is explained. The librarian of the Canadian National Institute for the Blind discusses the talking book and how libraries can serve the physically handicapped who cannot use books. (GW)

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ADULT SERVICES SECTION NEWSLETTER

Public Library Services for the Physically Handicapped

Spring 1972

CANADIAN LIBRARY ASSOCIATION

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ISBN 0-88802-084-8
Printed and bound in Canada

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Introduction

Brian Dale, Chairman, Adult Services Section, Canadian Library Association

The aim of this anthology of articles is to provide librarians with some information concerning the physically handicapped – who they are, how they are served by their national organizations, and what we can do to help them.

The first article is a survey of public libraries and shows what services and resources are provided across Canada. The second article supplements the first by describing the functions and services provided by national organizations catering to the physically handicapped. It also provides some suggestions concerning the ways that the library can help the disabled and incidentally gives some useful insights about the problems faced by these people when using a library.

While the third article deals specifically with a survey carried out in British Columbia, there is much useful information that can be applied anywhere. Mrs Simpson has been adept in defining the nature of the reading problems of the handicapped and the section of her article dealing with "Evaluation and recommendations" is particularly valuable.

The last two articles describe the functions of the Toronto Public Library's Service to Shut ins and the Canadian National Institute for the Blind's Library. The authors show that these special services have a number of complexities which underline the fact that the initiation of this kind of library service is not a financially cheap proposition.

The members of the Adult Services Section Committee and I hope you will find these articles a useful beginning for an ongoing study of how to provide the most beneficial library service to a significant sector of the Canadian reading public. We invite your comments and suggestions.

All the articles included in this anthology have been published in the May-June and July-August 1972 issues of *Canadian Library Journal.*

Canadian public libraries and the physically handicapped

Brian Dale
Patricia Dewdney

Brian Dale, Chief Librarian, Kitchener Public Library and Patricia Dewdney, Head Librarian, R. E. Crouch Branch Library, London, Ontario, surveyed public libraries in Canada late last year to discover what services and resources were available to the physically handicapped

"...Many librarians are *trying* to reach into the community and service everyone – we are not always welcomed at first; but we are a tenacious lot, and I, for one, am tired of articles that berate us for apathy, timidity and conservatism. Please let the study be more than just a compendium of facts and statistics, but a real report of our trying, successes, and rebuffs." So wrote a Nova Scotia librarian in response to the questionnaire which was to form the basis for the status survey undertaken by the Adult Services Section of the Canadian Library Association during the winter of 1971. The stated purpose of the questionnaire – to determine what resources and services were being offered to the physically handicapped by a selected group of public libraries across Canada – seemed sufficiently well intentioned. The physically handicapped were defined as people who are prevented by a physical condition from normal use of, or access to, libraries, such as people who suffer from blindness or paralysis. Additional information was sought concerning how services were publicized and what other institutions in each library's community were seeking to fulfil the needs of this group. The questionnaire was prepared in both French and English and two copies in the appropriate language were sent to each of 222 public libraries serving communities with populations of more than eight thousand people.

Robin Brown, "the book lady" of the London Public Library and Art Museum, delivers books to shut-ins from the library's van

Mrs Letitia Dickson, 90, takes advantage of the book delivery service for shut-ins provided by the London Public Library and Art Museum. The oldest on the home service list is 95.

The contents of the questionnaire

Resources	Used by handicapped	Used, but not Specifically by handicapped	Do not have
1. Large print books			
2. Talking books			
3. Talking book machines			
4. Cassettes			
5. Cassette players			
6. Opaque projectors (reflectoscope)			
7. Overhead projectors (for transparencies)			
8. Films			

Services

1. Home delivery service (Shut-in service) yes — no —
2. Books or other materials by mail. yes — no —
3. Deposit collections (specify types of institutions) Senior citizen centres — Senior citizens' homes — Hospitals — Nursing homes — Drop-in centres for handicapped — Other
4. Wheelchairs, ramps, elevators, etc. (specify)
5. Programs specifically geared to the handicapped yes — no — (specify)
6. Television or radio programs specifically geared to the handicapped. yes — no —.

Other information

1. Do you *actively* promote the library and its services to this group in the library and/or community? yes — no —
2. Is another institution in your community fulfilling these needs? yes — no — If so, please specify
3. Do you know of any libraries in your area which are working in this field?

Table 1. Distibution of questionnaire

Province	Number sent	Number returned	Per cent returned
Alta	8	5	63
B.C.	15	12	80
Man.	12	5	42
N.B.	5	3	60
Nfld	3	2	66
N.S.	12	6	50
N.W.T.	1	0	0
Ont.	84	51	61
P.E.I.	2	0	0
Que.	68	19	28
Sask.	11	7	64
Yukon T.	1	1	100
Total	222	111	50

Certainly the response to the questionnaire was sufficient to provide the basic facts and statistics, and to indicate trends. Readers might be interested in comparing the per cent of returns for this survey with a previous one conducted by D. W. Miller concerning "Non-English books in Canadian Public Libraries." (*Canadian Library Journal*, Vol. 27, No. 2 March-April, 1970 p. 123).

Table 2. Resources

This table shows the number of libraries by province who stock the various materials listed on the questionnaire.

Province	Number of returns	Large print books	Talking books	Talking book machines	Cassettes	Cassette players	Opaque projectors	Overhead projectors	Films
Alta	5	5							4
B.C.	12	10			2	1			4
Man.	5	4			1	1			
N.B.	3	3			1	1			
Nfld	2	2							2
N.S.	6	6			1				4
Ont.	51	48	3	2	16	12	8	6	43
Que.	19	5	1	1					2
Sask.	7	7			1		1		4
Yukon T.	1				1	1		1	1
Total	111	90	4	3	23	16	9	7	64

Table 3. Services

Here begins the record of the real efforts on the part of public libraries to extend their services to the handicapped. This table outlines the various programs, services, and types of deposit collections which the libraries maintain for their physically disabled clientele.

Province	Number of returns	Home delivery service	Books or other material by mail	Deposit collections						Wheel chair ramps, elevators	Programs for handicapped	Television or radio programs
				Senior citizen centres	Senior citizen homes	Hospitals	Nursing homes	Drop-in centres	Other			
Alta	5	2			2	1	1			3		
B.C.	12	7	2	3	5	3	1		1	2		
Man.	5	2		1	4	1	2		1	2		
N.B.	3	2	1	1	3	1	2	1				1
Nfld	2		2	1		1				1		
N.S.	6	2	3		2	2	2			4		
Ont.	51	25	11	13	36	16	21	3	11	14	10	
Que.	19	3	2	1	1	2			1	1	2	1
Sask.	7	3	2	2	6	1	3			3	1	1
Yukon T.	1		1		1					1		
Total	111	46	24	22	60	28	32	4	14	31	13	3

As could be expected, large-print books and films are stocked by most libraries and are not reserved for the exclusive use of the physically handicapped patron. Talking books and playback machines are distributed by the headquarters of the CNIB in Toronto. There was indication that more libraries will be purchasing cassette collections, to add to their music collections and to encompass the spoken arts.

Home delivery service is being considered by a number of libraries at this time. It is probably the most expensive method of book distribution if carried out by paid staff members. However, many libraries use volunteers for this service and it would seem that this is one type of library work which attracts people who wish to donate some of their time to public service. As can be seen, deposit collections in senior citizen homes and nursing homes are the methods used by most libraries to distribute reading material to older people. It has, of course, the advantage of being the most economical method of reaching people who are unable to visit the library. However, deposit collections must be constantly changed to remain effective and, moreover, it is sometimes difficult to find out if the selection of titles is in accord with the taste of the readers.

Table 4. Other Information

It is most difficult to measure and evaluate on a national basis those extra efforts being made by individual libraries, because every one operates out of a unique community under unique circumstances. Many librarians provided written comments, which can roughly be tabulated in this way:

Province	Number of returns	Libraries promoting services to physically handicapped	Other institutions in the community serving the physically handicapped								
			CNIB	GIRO	IODE	Kiwanis	Lions	Parks and recreation	Volunteer services	Welcome wagon	Zonta
Alta	5	1	1					1			
B.C.	12	6							1		
Man.	5	4									
N.B.	3	2	1		1	1	1		1		
Nfld	2	1	2								
N.S.	6	4	1		1						1
Ont.	51	27	6	2		2	2	1	5	2	
Que.	19	3									
Sask.	7	4	2				1	1	2		
Yukon T.	1										
Total	111	52	13	2	2	3	4	3	9	2	1

Other outside organizations mentioned were Quota, King's Daughters, Victorian Order of Nurses, Meals on Wheels, Canadian Cancer Society and various Opportunities for Youth projects. However, it seems that many libraries are not aware of other organizations serving the physically handicapped. There must surely be many cities across Canada where the Parks and Recreation Commissions are extremely active in the field of supplying reading material, but there were surprisingly few reports of their activities outlined in the returns, (which we hope says something about questionnaires, not about libraries). Some suggestions for identifying similar groups and co-operating with them are contained in our recommendations.

Also under the heading of "other information," several librarians commented on prob-

lems encountered in trying to extend services to the handicapped. Foremost among these was certainly expense. It is obvious that attempts are being made, but that library boards simply do not have the money to finance such endeavours as home delivery service. In some communities, budget priorities are being given to other special groups whose needs are perhaps more obvious and just as severe. Finally, in the unkindest cut of all, there have been some instances where attempts to serve the handicapped have been turned down.

A librarian in British Columbia wrote that a ramp had been installed up to the front door of his library and he has yet to see a wheelchair go up it in 12 months. He states that he has a number of on-going programs and facilities designed to meet the needs of this group and that these services are widely advertised. Even so, he has yet to see, or have any requests or suggestions from handicapped people about their use.

Another librarian reports: "Our former chief librarian was assured by the local chapter of the Canadian Council for the Blind that they supplied all needs, in the way of talking books, for blind citizens in the county . . . . The bookmobile staff offered their services to one county nursing home and were told that no one was interested . . . . In spite of these rather negative attitudes, the library is about to undertake service to a nursing home . . . and see what results and response we have." Whatever the reason for these disappointments, it is obvious that libraries can benefit from more communication with each other, and with the handicapped directly, in order to find ways of approaching the problem.

Recommendations

a) Look at your library from the point of view of a physically handicapped person. Is it accessible, and just as important, do people realize it is accessible? The international symbol for accessibility, a white wheelchair on blue, is available from the National Research Council. Is your library filled with obstacles that can easily be removed by simple reorganization? Are there rubber strips on the stairs that tell a blind person what level he is on? The fact that these considerations are easily overlooked finds a classic example in our national monument, the National Arts Centre in Ottawa, where the needs of the handicapped were forgotten. ALPHA estimates that it costs 1/10 of one per cent of the original cost of a building to make it fully accessible to most physically handicapped people, including raised letters on signs for the blind. Is there anyone on your staff responsible for helping people in wheelchairs up and down steps? Are your large print books displayed prominently? Are your staff aware that people who are disabled have difficulty reaching books and other materials that are located on the highest and lowest shelves? High counters, and many of the machines which we use, such as microfilm and duplicating machines, are not at the proper height for anyone with a physical disability.

b) Make the most of what you do have. You can make your services known through public service announcements on the radio, or through newsletters designed for groups such as senior citizens. Possibly your local centres for the handicapped do not realize that they can borrow films, records or cassettes from you. Some libraries have put out very attractive fliers on their special services; others, like Hamilton Public Library, issue a large-print book catalogue which is itself printed in large type. These need not be expensive undertakings; a mimeographed list of your services to the handicapped can be distributed quite cheaply to various agencies.

c) Librarians interested in offering services to the physically disabled should write to Miss Leslie Lander, Director, Information Services, Canadian Rehabilitation Council for the Disabled, 242 St George Street, Toronto 285, Ontario. This is a national organization which is prepared to provide an information package dealing with concepts of recreation, architectural barriers, neighbourhood facilities, etc.

d) Draw your community's needs to the attention of your board, and consequently to the budget-authorizing authorities so that funds can be specially allocated for services designed to meet the needs of the handicapped. Document

these needs, through statistics and possibly letters received from handicapped people. After all, yours is a "public" library, and yet, according to the National Research Council, one out of every seven Canadians is physically handicapped. Perhaps your board never sees these people, because most of them cannot get around the present facilities.

e) Encourage in-service training programs, patterned after the Institute on Library Services for the Non-Institutionalized Handicapped held at the University of Michigan Library School during 1969 (see report in the ALA Adult Services Division *Newsletter*, Vol. VII, No. 1, Fall, 1969). Provincial library associations will find that this field of library service can provide a very worthwhile theme for an annual conference. On a very local and informal level, invite your local CNIB representative to talk with your staff on the needs of blind people.

f) Generate interest among people looking for socially valuable projects. This includes people involved in the government incentive programs such as Opportunities for Youth, and Local Initiatives, as well as a number of provincially funded programs. Assist them in initiating programs designed to serve the physically disabled. At this time, the Kitchener Public Library and the Canadian National Institute for the Blind are co-operating with a group of young people who are starting a talking book project utilizing commercial cassettes. It is hoped that such a project will extend this service beyond the clientele served by the CNIB.

g) Interest cable television companies and other media in programs designed for shut-ins. Radio programs consisting of taped stories compiled by library staff members can be a good way of reaching those who are unable either to read or visit the library.

h) Seek closer ties with city departments and service clubs engaged in this type of service. The questionnaire showed that Saskatchewan librarians are particularly adept at launching co-operative programs.

i) Be familiar with services to the handicapped offered by other institutions and agencies in your community. These people can also tell you what particular problems the handicapped face, and how their needs can be met. They can tell you, for example, that some groups operate their own wheelchair taxis or vans, and that the service clubs who finance them might be willing to consider regular trips to the library. In setting your priorities for services to the handicapped, you must go to the handicapped themselves to find out the services most desired and needed. Although the established associations are not always representative of the handicapped, they are a good place to start.

It is our hope that this survey and our recommendations will be useful to all those interested in extending library services to people who are disabled, who are old, and who live in institutions. We welcome your comments and hope that an exchange of ideas can come about between libraries who have experimented with various schemes and projects in this field of activity. □

(London Free Press photos)

A survey of national organizations for the handicapped, based in Toronto

Felicy Ludlow, Joyce Henderson, Laura Murray, Reginald Rawkins

Late in 1971 the CLA Adult Services Committee studying services to the handicapped surveyed a number of national organizations in Toronto, and here present their findings. Miss Ludlow and Miss Henderson are with the Toronto Public Library, Mrs Murray, the Metro Toronto Library Board, and Mr Rawkins with the North York Public Library

The purpose of this investigation was to find out something about the most common disabilities: how people suffering from them are affected; what, at various stages, they are able or not able to do; and – most important to us – their relationship to the public library. Can they use, and handle, library materials of various kinds? use the physical facilities of a library? can they get to a library at all? what should they have a right to expect of a library?

In doing this investigation we were interested in basic service to the handicapped individual. We were also interested in organized societies for the handicapped, and what relationship for mutual benefit could exist between these societies and the public library.

To this end we interviewed the various societies for the handicapped (nearly all by telephone) during November and December 1971 – the national society if possible, if not, the Ontario society, and if this was not possible, the Toronto chapter. We talked to the Director, Executive Secretary, or the Information Officer. We had to exclude the mentally handicapped in this survey because we simply cannot investigate the whole field at this time.

Some of the replies by different organizations were so similar that they could conveniently be grouped, but because laymen (including librarians) are often so unfamiliar with many of these handicaps and what is involved, we have preferred to present each disability separately, in order to give a total picture of each.

For an outline of the interviews, see Appendix.

Arthritis

Canadian Arthritis and Rheumatism Society, 45 Charles St East, Toronto.

Flexion deformities are most common, with joints permanently bent in awkward and often painful positions. Arthritis in time seems to affect every organ, and three per cent of rheumatoid arthritis victims suffer considerable vision loss. Over 75,000 are confined to bed or wheelchair, and about 200,000 are disabled to some degree. One-third of all patients confined to nursing homes for the chronically ill are arthritics. Depending on the degree of deformity, some can use books, tapes, etc.

CARS is an organization representing chiefly people in the medical field. Most of its money and effort therefore go to research and medical education. Only the local chapters, which are developed informally across Canada according to the need of a community, deal directly with patients. Home physiotherapy service is given. Transportation is provided only to treatment centres. Only handbooks on the disease and how to cope with it are provided.

How could the library and the organization work together? In several ways. Home physiotherapists could promote the library, and make their patients aware of library materials they could use. Library architecture to meet the needs of the crippled should be stressed: halls, doors, ramps, special toilets with wide doors and easy access.

There is a bimonthly national publication with a circulation of 8,000 which would publicize the library's developing services. Names of patients treated by the physiotherapists may not be given out. The names of the CARS membership would not be useful even if available, as it consists of professional workers, not the handicapped. A former Board member of the North York Public Library, Mrs Gladys Allison, is considered by CARS to be a pioneer in developing an awareness of the physically handicapped in public library planning and service.

Blind

Canadian National Institute for the Blind, 1924 Bayview Ave, Toronto 17

Members registered with the Canadian National Institute for the Blind have vision ranging from 20/200 in the better eye after correction, to total blindness. Most are at home, some in institutions. They can use braille and talking books.

The CNIB offers a variety of services: rehabilitation, mobility training, sending blind persons to the New Jersey unit for training with Seeing Eye dogs, orientation for the recently blind, job training and placement, etc.; residential accommodation in certain circumstances; the war blind; eye care department for assessment (not treatment) and the Caterplan which employs 500-600 blind persons across Canada. The CNIB works with local advisory boards, and has 20,000 volunteers, some in every community. Transportation is provided for eye care.

There is a large central library in Toronto of braille and talking books (no large print books) which serves all Canada. The CNIB would like to see every city with a population of 100,000 with a library serving all the disabled in the area. Public libraries can help by establishing deposit collections. Regional library users could be served through the mails. A book supply could be set up at the CNIB which would be issued to branch libraries where there was housing and personnel to take charge of it.

The CNIB would be willing to advertise developing library services in public libraries, and suggests, for instance, 15-minute radio broadcasts of talking books. The membership list is confidential and is not given out.

Cancer

Canadian Cancer Society, 25 Adelaide St East, Toronto

The disabilities involved are varied, depending on the site of the cancer. Most people are not disabled. Some may be bed-ridden, hospitalized, or in institutions. The kind of library materials they can handle depends on the site of the cancer, and the severity.

The services offered by the provincial Cancer Societies vary from province to province, depending on the degree of government involvement. For instance there is little in Saskatchewan where there is socialized medicine. In Ontario the Society provides free cancer dressings and supplies, home nursing (volunteers, and Victorian Order), hospital visiting, drugs, rehabilitation services, and other volunteer services in clinics and lodges. The Canadian Cancer Society works through provincial divisions, which work through local units. Transportation is provided for medical treatment.

The Society is just beginning to handle films, tapes and reading materials to aid in emotional adjustment and to be used with permission of the doctors. These materials are distributed locally.

The Society sees the library as a source of educational and informational materials, books and pamphlets. The Society would advertise developing library services such as shut-in services. Access to names and addresses would not be practical.

Cerebral palsy

Canadian Cerebral Palsy Association, 242 St George St, Toronto 5

The physical disabilities vary, depending on the part of the brain affected, and the severity ranges from complete helplessness to a very slight handicap. Often cerebral palsy affects speech and walking. The person's condition does not deteriorate with passing time. It is very important to encourage mobility, and physio-, occupational, and speech therapy may

be needed. The ability to use library materials depends on the degree of disability.

Membership in the organization is voluntary, and consists of children and parents. The national organization co-ordinates groups and financial aid. It also works directly with individuals, and keeps member groups informed about each other. In Ontario, for instance, there are 20 local groups. Transportation is not arranged by the organization, though local service clubs may do so.

Informational pamphlets are provided, and films on cerebral palsy are sent to the member groups. Such materials are distributed both nationally and locally to the individual.

There are few workshops for cerebral palsied members, and many of them are indoors most of the time. The organization sees a shut-in service by the local public library as very helpful. It would be willing to publicize any public library services. Names are not given out without permission.

Bellwoods Park House, in Toronto, a home for about fifty cerebral palsied adults, receives regular weekly library service from the Toronto Public Library.

Cystic fibrosis

Canadian Cystic Fibrosis Foundation, 401-51 Eglinton Ave, East, Toronto 12

These people have pulmonary and digestive difficulties, sometimes very severe, but try to maintain a fairly normal life. Until recently only children were involved. However with improved treatment and longer life expectancy, the first groups of young adults are reaching their early twenties. It is difficult as yet to predict the later stages of the disease with these older patients. Those affected are not usually bedridden, and lead fairly normal lives. There is no limit to the kinds of reading or listening materials they can handle unless their pulmonary symptoms are acute.

The national organization administers and co-ordinates, manages funds raised by local chapters for clinics, research, etc., and obtains breathing equipment duty-free. There are 32 local chapters across the country. Most of these are geared to fund-raising, providing moral support to parents, loan of equipment, education, and providing literature. Films are available on loan. Specific materials may be procured from the national organization if not available from a local chapter.

The public library might carry some reference and resource material on the subject. The Foundation would probably be willing to publicize any developing library services. Access to names and addresses of members would be up to the local chapters.

Deaf

Canadian Hearing Society, 60 Bedford Road, Toronto 180

The disability is any degree of hearing impairment, up to total deafness. In the case of deaf children, parent guidance is very important and they are eager for any information. The deaf can use books in the normal way, and enjoy visual stimulation, such as caption films which are now being used at the Church of the Deaf, Toronto, and the St Lawrence Centre, Toronto. These are available from Pat Packard, Captioned Film Library, National Film Board, 1 Lombard St, Toronto.

The National organization offers audiological services – hearing assessment, etc., seminars for parents, and job placement. There are many independent associations organized by the deaf themselves. The deaf community is different from other handicapped groups, "more fragmented." The national society works with individuals. It provides a very small amount of educational reading material, though the Ontario Association for the Deaf does have a library.

What can the library do to help? It can carry material for parent guidance, learning and educational material, and films. The Society would be willing to advertise any developing library services. Names and addresses of members are not available.

Diabetes

Canadian Diabetic Association, 1491 Yonge St, Toronto

Diabetics are not usually handicapped physically if they look after themselves properly.

Proper medication and prescribed diet are essential, and unless they are followed, the results may be sores which turn to gangrene. Diabetes is the second leading cause of blindness.

Over fifty branches across Canada are manned by volunteers who help diabetics "learn to live with it" by a group therapy approach. Usually they meet in church halls or where they can find space, as most branches do not have the money to maintain offices. The Toronto area has the greatest concentration of diabetics and can therefore do a little more, such as sending members to a one-week camp in the summer.

Individuals are served by their local branches. Informational brochures, books and films, are available from the Toronto office, the national headquarters.

The Association suggests that the library could provide free meeting places for branches, could develop circulating collections of books on diabetes, booklists, etc., could provide the film *Living with diabetes* which is one of the six available from the Canadian Diabetic Association, and bring in other recommended films available from authorized sources but not available from the Diabetic Association (this is expensive for local branches to do).

The Association would publicize any developing library service in their national quarterly. The Association has 9,000 members but will not release names. It charges ten cents a name to send out information for business, but would do this free for libraries. Releases should be sent to the association which would mail them or put a full spread in their publication.

Epilepsy

Epilepsy Information Centre for Metropolitan Toronto, 90 Eglinton Ave, East, Ste 301, Toronto 12 (The Toronto Chapter of the Ontario Epilepsy Association)

Epileptics suffer from seizures – *grand mal* in which the victim may fall unconscious, and *petit mal* which often is hardly noticeable. Sixty percent are controlled by medication and can work and live normal lives. Another 25 per cent are much benefitted by medication and may suffer only one or two seizures a year. About 15 per cent are uncontrollable by medication. Usually there is no progression except in a small number of the uncontrollable group. Mentally, the patient remains constant, with the same mental ability as the rest of the population, except where brain damage (which may cause the epilepsy) is present. Nearly all epileptics can use any kind of library materials.

The national organization works through local chapters. The Toronto Chapter has an educational program on epilepsy with literature and films, an employer's kit, counselling and referral service, a pilot employment and follow-up project, educational seminars for professionals and the general public, and a social club. Literature is distributed by local chapters and provincial associations which exist in most provinces.

The Centre sees the library as providing educational service for the general public on epilepsy. The Toronto chapter has a newsletter, and the provincial body sends periodic information bulletins and would announce any developing library services. Members' names and addresses are not available, but chapters would no doubt make connections for the library with its members.

Two books are recommended by the Centre: *Drug therapy for epilepsy* and *Living with epileptic seizures*, both by Samuel Livingston, M.D., Springfield, Ill., Charles C. Thomas.

Handicapped and rehabilitation – general

Canadian Rehabilitation Council for the Disabled, 165 Bloor St East, Ste 303, Toronto 285

The Council serves the whole field of disabled persons, excluding the blind and the mentally retarded. They may be bedridden, hospitalized, or in institutions. They can handle all kinds of library equipment depending on their disability. Frequently they can accommodate to the disability if it is planned for, e.g. the paraplegic in his wheelchair, or the handicapped person using canes who needs shallow steps but cannot walk on a ramp.

The Council gives no direct service to individuals. It is primarily an administrative,

informational, and co-ordinating organization; for instance, it brings experts together for seminars. Originally it was the National Association for Easter Seals and March of Dimes. The Council works through local chapters. Some chapters provide transportation, usually for medical and educational purposes. A professional library is available to local chapters.

Since there are few employment opportunities for the handicapped, the Council suggests that the public library emphasize leisure-time activities: reading and listening to records, and facilities for student study. There could be special equipment for the handicapped in some libraries such as page turners for the cerebral palsied.

The Council would advertise developing public library services. Access to names and addresses is up to each chapter. The Council suggested that it would be worth while to survey some handicapped individuals themselves, and for this purpose the Council would supply some names.

Ontario Crippled Children's Centre, 350 Rumsey Road, Toronto 17 (Box 1700, Station R, Toronto 17)

The physical disabilities encountered are varied. The average stay at this hospital school and treatment centre is 36 or 37 days; six weeks to three months as outpatients. Transportation is provided for medical treatment, and children are taken to school by Board of Education buses, which are used in summer for recreational programs. Volunteer groups read to the children and run a library.

The Centre would like the library to provide extended loan of support materials: encyclopaedias, reference tools, recordings, and tapes. A two or three week loan is inadequate as these children work so slowly. It would like the crippled children to be invited to the public library's programs.

Officials of the Centre made some useful comments. The handicapped can often use microfiche, and the research department is developing controls so that the handicapped person can work the reader's knobs. Ordinary page turners are not very useful. Certain handicapped, such as those with cerebral palsy, may not be able to focus. For some, there is a need for expendable books, as they lack muscular control and books may be unintentionally torn.

Most of the provinces have an organization of a similar nature, but they are unrelated.

Society for Crippled Civilians, 234 Adelaide St East, Toronto 2

All kinds of physical disabilities are represented: arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, polio, paralyses, cardio-vascular disease, visual defects, hearing defects, epilepsy, mental retardation, alcoholics, glandular disorders, respiratory illness, speech problems, etc. Some of the homebound may be bedridden. Some, with mental illness or mental retardation, may be living in hospitals, half-way houses, or special boarding homes. They can handle all available kinds of library materials.

The Society is a local, Metropolitan Toronto organization. The main purpose is to provide employment, including assessment, training, counselling, placements, resource referrals. No transportation is provided. The Society does not have reading or listening materials for its members' use.

The Society considers that a public library shut-in service for those who cannot get out is important. Educational programs would be of value: films, lectures, etc. The problem is not so much lack of library resources as lack of motivation towards library use by the handicapped. *Motivation programs are needed.*

The Society would be willing to advertise any developing library services, and would allow access to names and addresses of the membership.

Toronto Rehabilitation Centre, 330 Rumsey Road, Toronto 17

This is a Metropolitan Toronto, not a national organization. All are out-patients, aged 19 and over, and more than 2,500 are treated annually. About eighty per cent of the problems are concerned with gait, i.e. loss of lower

limbs, injury, etc. Half of these, in addition, have problems with their upper limbs. About twenty per cent of the handicapped are crippled because of strokes and suffer brain damage as well, which makes it difficult for them to listen or to read books because their comprehension is poor.

The Centre provides medical and vocational rehabilitation. Patients are taught how to live with their handicap and retrained to earn a living. Funds are scarce and not much is available for recreational or even educational reading.

The Centre takes patients to doctors, and on a few outings, and would be happy to take them to public libraries if there were organized programs for them. The Centre sees the public library as most helpful in the following areas:

a) Providing suitable reading material in the pre-vocational training period. Information on careers is very important to the patients before they make a decision about retraining;

b) Providing simple books for those retraining and also learning to speak and read English;

c) Providing simple books for fun reading for stroke patients who cannot comprehend anything complicated.

Names and addresses of patients cannot be given to the library because of the clerical staff time involved.

Haemophilia

Canadian Haemophilia Society (National Chapter), 165 Bloor St E., Ste 303, Toronto 285 Haemophilia affects males, and its victims are bleeders. Until recently few survived to adulthood, but with modern treatment many more boys reach their teens and young adulthood. The degree of haemophilia does not change, but disability arises when bleeding occurs into a joint, which causes crippling. Dental care is a problem. They are rarely bedridden, but may be hospitalized briefly for transfusions. They can handle almost any kind of library materials.

The Society is an educational service primarily, directed towards the child or young adult and the parent. The national organization works through local chapters. These chapters may provide transportation for medical treatment. Educational literature is distributed locally and nationally to the individual, but it is scanty and is being updated, and a new, comprehensive handbook is being prepared.

The library could provide educational and vocational guidance materials. Until recently there was a "cotton wool" approach to careers, but now haemophiliacs are choosing more widely. Books on haemophilia are costly and it would be helpful to haemophiliacs if they were available in the library.

The organization would advertise any developing library service. Access to names and addresses would be up to the local chapters.

Multiple sclerosis

Multiple Sclerosis Society of Canada, 1505 Decelles, St Laurent, Montreal 9; Ontario division: 1220 Yonge St, Toronto 7

All kinds of physical disabilities are present, ranging from sight problems to complete paralysis. Later stages of the disease vary widely. Typical are co-ordination and speech problems, and poor mobility through impairment of the lower motor system. Patients may be bedridden, hospitalized, or in institutions. Multiple sclerosis seems to affect young adults. Life expectancy from diagnosis is about twenty-five years. The disease can become chronic, benign, or progressive. Some cases could use conventional library materials; others might need tapes or talking books.

The national organization is mainly concerned with getting funds for medical research, education programs for professionals and for the public, and liaison with other organizations. Service to patients is mainly indirect, through the divisions and chapters. No transportation is provided. Literature on the subject is provided on request.

The Society would like to have a home service of volunteers to read books and newspapers and play records, because of the patients' poor co-ordination. Talking books would be useful, and at present the Canadian National Institute for the Blind cannot help.

Providing transportation to the library would not be possible. The Society would advertise any developing library services, and would be interested in knowing about public libraries' shut-in services. Audio-visual equipment has sometimes been borrowed from local libraries for group meetings. It is possible that the names and addresses of members could be given to the library under certain conditions which would ensure privacy.

Paraplegia

Canadian Paraplegic Association, Lyndhurst Lodge, 153 Lyndhurst Ave, Toronto 4

Members are paraplegics or quadriplegics, who have primarily spinal cord injuries (non-progressive), the result of an accident, blow, tumour, etc. Progressive diseases such as multiple sclerosis are not included. One-third are the result of car accidents, therefore the onset of the injury is sudden and dramatic, and irreversible. Wheel chairs are used for mobility.

After the accident the patient is bedridden for about two months. The aim is to have him mobilized to the greatest extent possible: using a wheel chair, capable of self-care, and living in the community. Between seven per cent and ten per cent are in institutions. Paraplegics can be completely independent. They can handle any kind of library material. Quadriplegics have difficulty with books, though by using book holders or a table they can manage well. They cannot handle records but tapes and talking books are possible.

In Ontario the national organization is also the provincial operating body. There are local chapters in other provinces. Lyndhurst Lodge in Toronto, owned and operated by the Canadian Paraplegic Association, gives comprehensive rehabilitation counselling. It works with individuals throughout their stay in hospital, and through follow-up to their re-establishment in the community. This involves living accommodation, rehabilitation training, and job placement. Transportation is provided in certain circumstances.

The Association produces a quarterly, *Caliper*, and a small amount of literature is distributed by the national organization through local chapters which prepare mailing labels, etc.

The Association considers that talking books would have great use, and sees the library as a place of meeting, because the trend is to integrate the paraplegic with the community. The Association might consider providing transportation to the library, and would willingly advertise any developing library services. Names and addresses of members are not generally given out but such requests are handled on their individual merit.

The Vancouver and Edmonton Chapters have done especially well integrating recreational facilities, and general and special interest programs. Students at the University of Manitoba surveyed existing facilities at the university from the viewpoint of use by paraplegics and quadriplegics and made recommendations for improvements. Lyndhurst Lodge, Toronto, receives regular weekly library service from the Toronto Public Library.

Parkinson's disease

Canadian Parkinson's Disease Association, 165 Bloor St East, Ste 303, Toronto 285

People with Parkinson's disease have a mild to severe tremour involving one to four extrimities. Discrete finger movement and also speech are impaired. Daily physiotherapy is required. In the later stages mobility is poor. The onset of the disease is at age 45-55, therefore the disabled are in the older age group. Approximately thirty-five per cent are bedridden or in wheelchairs, at home or in a nursing home. The course of the disease is unpredictable.

The person's ability to use library materials depends on the degree of tremour, and whether one or both arms are affected. They require light materials, soft-covered books. Management of a tape could be difficult, and would depend on the degree of fine movement.

The national organization is engaged in a major fund-raising campaign to build a hospital, or hospital wing, devoted to this disease. The only local chapter is in Toronto, and works with individuals through monthly meet-

ings which are educational and social. In Toronto transportation is provided for therapy and for these monthly meetings.

There is some mimeographed and pamphlet-type educational material and a new pamphlet is currently being published, but the Association usually depends on drug companies for source material. There is a small national mailing list, but material is usually distributed locally.

Public libraries could provide informational and educational materials and shut-in service. Members' names are not given out, but the Association would pass on information to them and publicize the library.

Tuberculosis

Canadian Tuberculosis and Respiratory Disease Association, 343 O'Connor Street, Ottawa 4

Because of the lower incidence of TB today, emphasis of interest in this organization is on respiratory diseases more generally: asthma, emphysema, chronic bronchitis, as well as tuberculosis. Asthma attacks all ages, however the person is usually not disabled. Bronchitis and ehphysema affect people over 45 and can be disabling. In the later stages of respiratory diseases there can be less mobility, the patient sitting or lying in bed. Only advanced cases usually need to be hospitalized. Normally, library needs are basically the same as those of the non-handicapped.

The Association provides informational and educational services to patients and others, printed materials which are widely distributed and courses and workshops, e.g. on smoking, and encourages on-going research. The Association works through chapters, which provide limited transportation. Films are provided on loan.

The Association sees the public library mainly for distribution and information and also assisting rehabilitation, and would appreciate any publicity the library could give. The Association could not provide transportation to libraries, but it would advertise any developing library services. It is doubtful whether members' names would be given out.

Conclusions

1. The public library should give full attention to *physical planning*: entrances, doors that are not too heavy, corridors wide enough for wheelchairs, hand-rails, lighting, washrooms of adequate size and easy access. Ramps, inside and outside, and elevators, should be planned, and shallow steps for people walking with canes. Too often this kind of attention is only given to new buildings, but frequently old buildings with minor alterations can successfully and inexpensively meet the needs of the handicapped.

2. *Programs – physical planning is very important.* Is there easy, stairless access to the auditorium? Is there space for wheelchairs there? Is there some consideration for members of the audience with sight or hearing problems (earphones)?

Programs – content In planning a successful library program for the handicapped it is necessary to understand their specific problems. Content should be relevant so that they will be motivated to attend. It does not follow that the general public should be excluded from this kind of programming. Family involvement in problems of the handicapped child was stressed by all these organizations, and this important fact must be taken into consideration. The knowledge of the handicap allows you to plan for types of equipment, program theme, length of program, rest breaks, etc.

3. Nearly all the organizations asked that informational material relevant to their members' specific disability be placed in the library.

a) Libraries should ask each association to recommend materials that they feel should be in library collections: books, magazines, films, etc., including captioned films.

b) If the association is not responsive, the library should give *them* a list from which to make their recommendations.

c) Costly books, which individuals and local groups cannot afford, should be purchased by the library.

d) Vocational guidance and educational materials should be provided to meet the needs of rehabilitation.

4. The library must seek out and co-operate with service organizations and all agencies which work with the handicapped in the community. It is not often known that drug and insurance companies, etc., have literature of great value to the handicapped. This could be deposited in and distributed by public libraries.
5. The library should take advantage of publicity in the United Appeal campaign and the various "weeks," to promote understanding of these handicaps. Special programs to acquaint the general public with the problems of the handicapped should be planned at this time.
6. Organized societies for the handicapped should be encouraged to promote libraries. They can only do this if they are kept informed of services and activities available to the handicapped. For example, local chapters should be given news of local libraries: shut-in service, available meeting rooms which the groups might use, programs of interest, workshops on rehabilitation, and lists of new accessions in their fields.

Appendix

CLA Adult Services Committee to study services to the handicapped. Guidelines for use when questioning the national organizations for the handicapped, based in Toronto.

I. *Why we are calling*

CLA and its membership are dissatisfied with what libraries are doing for the handicapped in Canada and want to help improve the service.

a) Our first step is to survey what is being done for the handicapped across Canada and what organizations think should be done. We want to discover where libraries can fit into the picture and how they can help develop such a service.

b) We have had to exclude the mentally handicapped in this survey because we simply cannot investigate the whole field at this time.

c) In this committee we are geared to serve the actually handicapped individual rather than serve him through the organization to which he belongs.

d) A little is being done for the handicapped at the present time but not that much. Cite NYPL and TPL Shut-In Service as examples and state what other libraries in metro are doing.

II. *Information about the handicapped*

1. What kind of physical disabilities do people in your organization have?
2. What later stages in the disease might be important for us to know about in our planning, i.e. are there later stages of blindness, severe crippling, etc.?
3. Are the people bedridden, hospitalized or in institutions?
4. What kind of reading or listening materials can they handle for recreational and/or learning purposes? (books, tapes, records, etc.).

III. *Information about services organization gives*

1. What are you doing for the people in your organization?
2. Does your national organization work directly with the individuals or work through local chapters?
3. Do you provide transportation? for medical treatment? for social outings? for educational purposes?
4. Do you have any reading or listening materials which you lend to your members? Is it recreational, educational or both? Is it distributed nationally, locally or both to the individual?

IV. *What would your organization like to see done for its members?*

What role, if any, do they see for libraries in developing such services?

V. *Will you help us?*

1. If you provide transportation would you be willing to do the same on a regular basis, for the libraries? i.e. visits to the library.
2. Would you be willing to advertise any developing services from a local library in your national and/or local publications?
3. Would your local chapters (or you) allow us access to the names and addresses of the membership? For referrals later.
4. Do you know of any unusual or important work being done by a local chapter to serve the handicapped?
5. Do you know of any local chapter working with any library or some kind of service to the handicapped? □

A survey of organizations and institutions serving the physically handicapped in British Columbia

Alice Simpson

Mrs Simpson, who is a consultant with the B.C. Library Development Commission, surveyed B.C. organizations and institutions serving the physically handicapped early this year, in an attempt to ascertain the extent of existing library services and to determine how such services might be improved and developed.

Organizations and institutions surveyed

British Columbia Cancer Institute

British Columbia Department of Health Services and Hospital Insurance:

a) Pearson Hospital (tuberculosis, respiratory diseases, extended care)

b) TB Willow Chest Clinic

British Columbia Heart Foundation

Canadian Arthritis and Rheumatism Society (B.C. Division)

Canadian National Institute for the Blind

Canadian Paraplegic Association, B.C. Division

Cystic Fibrosis (Canadian Foundation)

G. F. Strong Rehabilitation Centre (provides comprehensive rehabilitation services to disabled children and adults on an in-patient and out-patient basis)

Handicraft for Homebound Handicapped Persons Society (3-H Society) (offers regular work training and remunerative work opportunities to those eligible handicapped persons who cannot for physical, psychological, or geographical reasons leave their homes to travel to and from a place of business)

Kinsmen Rehabilitation Foundation of British Columbia (provides direct services or facilities for the rehabilitation of the disabled in B.C., through its own programs, and through grants and assistance to other agencies)

Lions Gate Hospital (Extended Care Unit), North Vancouver

Meals on Wheels in the Lower Mainland (voluntary community service to provide meals for those unable to obtain or prepare adequate meals)

Multiple Sclerosis Society of B.C., Vancouver Branch

Muscular Dystrophy Association of Canada (B.C. Chapter)

The Society for the Rehabilitation of the Adult Cerebral Palsied of B.C.

Vancouver Neurological Centre:

a) British Columbia Epilepsy Society, Vancouver Branch

b) B.C. Parkinson's Disease Association

c) The Myasthenia Gravis Foundation of British Columbia, Inc.

Victorian Order of Nurses, Vancouver Branch

Voluntary Association for Health and Welfare of B.C., Division for the Guidance of the Handicapped (a provincial organization which provides consultation and information to united funds and councils throughout B.C.; engages in planning through its committees on Health, Aging, Housing, and the Handicapped; and provides for exchange of information through conferences and newsletters)

Suggested organizations and individuals to contact at a future date

During the course of my interviews with representatives of the organizations and institutions listed above, I was referred to other organizations and individuals, who, it was felt, should also be contacted with respect to the development of library services to the physically handicapped.

British Columbia Department of Health Services and Hospital Insurance:

a) Miss Lavinia Crane, Consultant, Public Health Nursing (Victoria)
b) Dr Doris MacKay, Medical Consultant, B.C. Hospital Insurance Service (Vancouver Office), re extended care units
British Columbia Hospitals Association, Auxiliary Section (there are 104 hospitals in British Columbia, each with an auxiliary).
City of Vancouver Social Service Department
Indoor Sports Club, Vancouver Chapter (members have been disabled by accidental injury, congenital deformity, or disease)
Veterans' Welfare Services (federal government agency with provincial offices)
Volunteers for Seniors (a recreational and diversional program conducted by trained volunteers for older people living in rest homes, nursing homes, and private hospitals within the Greater Vancouver area)
Workmen's Compensation Board
Service Clubs, such as Altrusa Club, CP Air Employees' Association, Lions Club, Radio Station CKNW, Rotary International. (These organizations are actively promoting programs and services to the physically handicapped, some providing reading materials.)

Representatives of many of the organizations interviewed attend a monthly meeting of the Voluntary Association for Health and Welfare of B.C., and I addressed the February meeting on the subject of the development of library services. I also spoke to the B.C. Health Education Council at the Council's March meeting on the role that public libraries throughout the province could play in circulating their literature, disseminating information on the various agencies, referring people to these agencies, and sponsoring programs on health education for the general public.

Findings of survey

1. *Characteristics of persons served by these organizations and institutions*

For the purpose of this survey, I have been primarily concerned with persons who are confined to their homes or to rest homes, hospitals, or other institutions, rather than the physically handicapped who are mobile enough to get to the public library. (Reference to persons in this category will be made later.)

a) *Physical disabilities.* Though many of the persons are totally bedridden, a large majority are not, being mobile enough to get around institutions, rest homes, or their own homes in wheel chairs. Physical disabilities cover a wide range of afflictions. These include blindness or substantial deterioration of vision, double vision, tremors, lack of balance, varying degrees of paralysis, loss of two or more limbs, severe stiffness in joints, as well as various other disabilities associated with strokes, chronic heart disease, and old age.

b) *Age.* The age of persons served by the agencies interviewed ranges from the mid-teens through into the nineties. Persons suffering from certain diseases, such as arthritis and myasthenia gravis, tend to be in the upper age brackets, as do persons served by institutions such as the Extended Care Unit at Lions Gate Hospital in North Vancouver, where the average age is 74, and by organizations such as the Victorian Order of Nurses, most of whose patients tend to be in the mid-seventies. However, many of the physically handicapped are in their middle years (early thirties through late fifties), and in the case of some specific diseases, such as muscular dystrophy, a high percentage are in their late teens.

c) *Mental disabilities.* Many of the physically handicapped are in full command of their mental faculties, some being well above average in intelligence and even, in the case of some post-polio patients and teenage muscular dystrophy patients, brilliant. However, a fair percentage of the physically handicapped also suffer some degree of brain damage. Furthermore, some disabilities, though they do not affect the ability of the brain to function, do affect the disposition of the patients, causing bad temper, severe depression, etc.

Another category of persons who should be taken into consideration is those who are socially isolated but mobile. These are the persons (perhaps – but not necessarily – elderly) who do not need nursing care but can't or won't get out. As one interviewee put it, they are the "in-between" people, who should be searched out, since library service could play

such an important role in their lives.

2. *Reading or listening material currently provided.* All the organizations surveyed provide the persons they serve and their families with literature on the particular disease or disability from which the patient suffers. The Canadian National Institute for the Blind is very much involved, of course, in providing talking books for the registered blind throughout the province. The material provided on talking books is of a popular nature, but the CNIB also provides several hundred tapes of educational material as a back-up to courses, both formal and informal, being taken by blind persons. At the present time, talking books are available to the registered blind only; however, the CNIB is hoping to extend this service to other handicapped persons as well. Through the co-operation of Radio Station CKNW, the B.C. Chapter of the Muscular Dystrophy Association of Canada is able to provide books to those highly intelligent teenage boys afflicted with this disease.

Most of the institutions have some reading material available for their patients, but for the most part it consists of a small collection of ephemeral material, mostly fiction. In a number of cases a few large print books are also being provided. The B.C. Cancer Institute and the G. F. Strong Rehabilitation Centre provide such collections for their patients. In some instances, local service groups (e.g. the Altrusa Club) provide the materials and run the library service. The G. F. Strong Rehabilitation Centre is at present involved in a building expansion program which will include a library especially designed for the handicapped people served by the Centre. The two extended care units visited are providing considerably more in the way of reading materials. The Lions Gate Hospital patient library is run by volunteers, under the direction of a paid co-ordinator. The library at Pearson Hospital is run by a paid staff member, but this person does not have any training in library work. Pearson Hospital has a fairly extensive collection of materials, including large print books. The philosophy at Pearson is to buy books of a general nature rather than best-sellers, and no attempt is made to add any technical or educational material (i.e. textbook type of material) to their collection.* National Film Board films are used for programs.

There is no formal or co-ordinated attempt by any of the organizations interviewed to provide reading or listening materials to people who are confined to rest homes or to their own homes, although some of the volunteers who work with such persons may, if requested, bring reading materials for them.

3. *Reading or listening materials that would be of interest if available through public libraries.* The persons interviewed emphasized that the handicapped have as wide a variety of interests and needs as people without physical disabilities, and that they, too, should have available to them the full range of library resources and services, including access to all types of media. More specifically, and without question, keen interest was expressed in the possibility of talking books being made available to persons with disabilities other than blindness, e.g. quadriplegics, arthritics, people who suffer from multiple sclerosis, muscular dystrophy, Parkinson's disease, or cerebral palsy, who are as effectively barred from the printed page as are the blind, and for whom the talking book could mean as much as it has come to mean to the blind. Material on travel, natural history, and hobbies would seem to be of particular interest, as would be picture books, current best-seller non-fiction, technical literature, and some foreign language books, as enough of these materials are not currently being provided in any existing library programs for the physically handicapped. It was also stressed that large print books are not available in sufficient quantities.

It is interesting to note that several of the persons interviewed stressed the fact that their people have a low educational level and that books of a high interest/low reading level would be valuable in stimulating them to read, thereby broadening their interests and outlook. This, in turn, would aid them in their rehabilitation program and in making a satisfactory adjustment to their disability. Extended

*except at the special request of the hospital tutor.

care units showed considerable interest in the idea that libraries might provide "package" programs, utilizing speakers, films, etc., that had proved successful in programs held in the libraries themselves.

4. *The role of libraries in developing service for the physically handicapped.* Many interviewees suggested that it is important to keep in mind, in planning for the extension and development of library services for the physically handicapped, that the people to be served fall into four distinct categories, each of which will require a different approach.

a) *The physically handicapped who are sufficiently mobile to get to libraries and use them effectively, provided there are no architectural barriers in the building construction.* Representatives of several organizations emphasized the importance of libraries taking this into consideration when new buildings are being constructed, and they expressed the hope that many library administrators and boards will feel strongly enough about serving the mobile physically handicapped that they will have alterations made in existing buildings to accommodate them. The Associate Committee on the National Building Code, National Research Council of Canada, has published an excellent pamphlet, *Building standards for the handicapped 1970*, Supplement No. 5 to the National Building Code of Canada (NRC No. 11430), which discusses ways in which entrances, doors and doorways, stairs, elevators, floors, washrooms, etc., can be adapted for the convenience of the physically handicapped.

b) *Persons residing in extended care hospitals.* As indicated above, most such units have some type of library service, and an extension of this service would involve backing up the hospital collection with regular deliveries of materials from local libraries. These materials could, perhaps, remain as a deposit collection for, say, two months at a time. The librarian or volunteer in charge of the hospital library could, of course, make requests for specific books and other materials to be included in the regular delivery. Libraries could also provide materials (films, records, books, etc.) and possibly speakers for specific hospital programs.

c) *Persons residing in rest homes.* Most rest homes have virtually no collections of books or other library materials. Since volunteers are already visiting persons in rest homes (either as representatives of one of the organizations mentioned above, or as members of groups working specifically with senior citizens, such as the Volunteers for Seniors), it would seem logical that these volunteers could bring library materials to patients in rest homes on a regular basis. A general deposit collection could be left for several weeks, with requests for specific titles and subjects also being filled. How the volunteers would obtain these library materials would depend on the mechanics of the particular service that was set up; i.e. several volunteers might be responsible for picking up materials from a local library on their own and delivering them to rest homes on an individual basis, or a few volunteers chosen specifically to provide library service to rest homes over a wide area (e.g. Greater Vancouver) might have available a vehicle for picking up materials from some central library outlet and delivering them to the rest homes throughout the area. Perhaps the service would consist of a combination of both approaches. Volunteers could also present programs in rest homes, using materials provided by the libraries, such as films, records, etc.

d) *Persons confined to their own homes.* Here again, it would seem practical to use volunteers, since library staff cannot usually afford the time to provide such a highly personalized service. Service to the housebound could be organized in much the same way as service to rest homes, except, of course, there would be no need to provide programs.

It seems evident that one or more mobile units would be essential in order to provide a complete and efficient service to persons in the last three categories. Two of the persons interviewed suggested that perhaps organizations serving the physically handicapped would be prepared to provide funds to supply a vehicle if the library (or the library system responsible for such services on a regional basis) was unable to provide such funds.

Representatives of organizations interested

in the extension of the talking book program agreed with the CNIB's suggestion that decentralization would make the provision of the service much more effective, as a collection of the "books" would then likely be available in each province. It was felt both by the CNIB and other organizations interviewed that if the talking book program is extended to physically handicapped persons other than the registered blind, it should not be administered by the CNIB but by the provincial library agency or the largest public library in the province. This would then follow the pattern of the regional libraries for the blind in the United States.

5. *Role of volunteers.* The role of volunteers in the provision of library service to the physically handicapped has been discussed above. The point to be made here is simply to emphasize that the institutions and most of the organizations approached have some kind of auxiliary, the members of which work directly with the persons served by the organization and/or residing in the institutions. It was emphasized that these volunteers would likely be more than willing to co-operate in picking up and delivering library materials. (However, the selection of materials requested by the handicapped through the volunteers would be done by library personnel.) Where there are no auxiliary groups or where volunteers are not interested or able to co-operate with libraries in distributing materials, other volunteer organizations should be considered.

It has also been suggested that Friends of the Library groups might be interested in undertaking a project involving the provision of library service to the physically handicapped. Very few such groups have been organized in this province, and the few that do exist seem to have been relatively inactive recently.

6. *Promotion of library service and referral of interested persons.* All those persons interviewed who showed an interest in the provision of library service to the physically handicapped indicated that they would be very willing to promote and publicize any such developing service in their organization's newsletters, brochures, etc., for the information of patients and their families, and other members of the organization. Representatives of organizations that do not have official newsletters would be willing to relay personally any information about library service.

Without exception, representatives of the organizations and institutions interviewed indicated that they would not be willing to allow libraries to have access to the names and addresses of persons served by the organization or resident in the institution. They would prefer to advertise any new or extended library service themselves and then refer all interested persons to those in charge of setting up and developing these services. All inquiries would be similarly relayed. There was considerable concern about persons being approached "cold" about library services, as it was felt the organizations and institutions would know best which people might benefit from any services libraries might provide.

7. *Co-ordination with national organizations.* Only six organizations interviewed are affiliated nationally: the Canadian National Institute for the Blind, the Canadian Arthritis and Rheumatism Society, the Canadian Paraplegic Association, Cystic Fibrosis (Canadian Foundation), the Muscular Dystrophy Association of Canada, and the Victorian Order of Nurses. Representatives interviewed indicated that they would be willing to submit any information on developing library services to the physically handicapped in British Columbia for inclusion in the national newsletters of their organizations. They also indicated an interest in submitting briefs to the federal and provincial governments regarding funds for the provision of library service to institutions, extended care units, rest homes, and to the individual housebound person. They felt it would be more effective if briefs to the federal government were submitted by the national headquarters of the organizations.

8. *Further comments by representatives of organizations and institutions interviewed.* Without question, the persons interviewed felt that it is the right of the physically handicapped to have access to library materials, and that library service could play an important part in the process of rehabilitation. In the

case of handicapped persons who will someday be discharged from an institution or rehabilitation centre, but will never be employable, it was considered particularly important to stimulate them to use a wide variety of library materials as a means of creating new interests and helping them to adapt to what will be an entirely different way of life for them. Many persons interviewed felt that the provision of library service to the physically handicapped is so important that the organizations serving these people should be willing to put some money into seeing that library programs are established.

It was also felt that any library program would be better than none, and that libraries should not wait until they could undertake a major or co-ordinated service, but should start in any small way possible in co-operation with the organizations cited in this report. Even if a relatively small, limited service to the physically handicapped receives good publicity, enough interest could well be created to secure the necessary funds to expand the program. A wide publicity campaign is essential. Several organizations stressed that library service to the mentally handicapped and mentally ill must also be considered.

Evaluation and recommendations

The interest of the persons interviewed in regard to the provision of library service to the physically handicapped, and their enthusiastic response on discovering the Canadian Library Association's concern about such service, far exceeded my expectations. It is evident that the organizations and institutions serving the physically handicapped in British Columbia are well aware of the importance of providing good library service to the persons they serve, and it is surely safe to assume that similar organizations in other provinces share this attitude. "When will this new library service start?" was repeatedly asked.

With respect to specific recommendations concerning the improvement and extension of library service to the physically handicapped, it should be re-emphasized that we must think in terms of both the mobile handicapped and the shut-in handicapped, and that the latter group falls into three categories: persons residing in extended care hospitals, persons residing in rest homes, and persons confined to their own homes. The main recommendation with regard to improved service to the mobile handicapped is that an extensive publicity campaign should be undertaken to make library boards and administrators, as well as architects responsible for designing new library buildings, aware of architectural barriers that prevent these persons from using library facilities, thereby ensuring that no new library buildings incorporating such barriers are built. Furthermore, library boards should be encouraged to undertake alterations to remove existing barriers.

In regard to the improvement and extension of library service to the shut-in handicapped, major recommendations are:

1. The full range of library materials should be available to the handicapped, as their needs and interests are as diverse as those of the general public.
2. Deposit collections should be placed on long term loan, e.g. two months, in extended care units to back up existing collections.
3. Deposit collections should be placed in rest homes on long term loan.
4. Special requests from residents of institutions and rest homes for specific materials or information should also be filled.
5. Extended library service to the physically handicapped residing in rest homes or institutions should also include the presentation of adult education programs, utilizing a variety of media.
6. Delivery of specific materials should be made to the homebound handicapped.
7. The decentralization and extension of the CNIB's talking book program should play an important part in the provision of improved library service to the physically handicapped.
8. Because library service to the shut-in physically handicapped is such a specialized, highly personalized service, and therefore an expensive service if carried out completely by library personnel, the services of volunteers could be effectively utilized in picking up and

delivering library materials, since many organizations already have volunteers who work with the handicapped. (Selection of materials requested by the handicapped through these volunteers should, however, be done by library personnel.)

9. At least one mobile unit will be necessary if service to the physically handicapped is to be co-ordinated over a whole area, e.g. within the area served by one library system.

10. A more detailed study should be undertaken, possibly on a provincial basis or on a regional basis within each province, in order to obtain further information, such as:

a) the approximate number of handicapped people who might be interested in receiving library service;

b) how many volunteers from the various organizations would be available to work on the program;

c) what the libraries in the area are doing at present;

d) what they would be prepared to do in the future, should extra funds be available for vehicles, staff, equipment, materials, etc.;

e) the approximate cost of setting up this improved and extended library service.

The study should also offer recommendations regarding the mechanics of how such a service could most efficiently and effectively be set up, preferably on a regional basis.

11. At the moment, the British Columbia Library Development Commission is not involved in any way with the provision of library service to the provincial institutions. However, it is hoped that greatly improved service to institutions will be undertaken before too long, and that the Library Development Commission will play an important role in the planning and development of such a service. Some of the institutions visited in connection with this survey are provincial government extended care hospitals, which might in time be part of the proposed British Columbia institutional library service program. It is recommended that this fact be taken into consideration in planning library service to the physically handicapped on an area-wide or provincial basis.

12. Because service to shut-ins is so highly personalized, and, therefore, unquestionably more expensive than service to persons who can come to the library on their own, libraries with limited financial resources may well hesitate to initiate such a service. It seems likely, therefore, that funds specially earmarked for this purpose will be necessary. It is recommended that provincial library agencies encourage the establishment of such services by inviting proposals for grants and by offering in-service training programs to library staff and volunteers. The federal government and private sources should also be approached for funds. This is not to suggest that municipal and regional libraries should look for outside funding to provide library service to the physically handicapped in their areas on an on-going basis, but only that such funding could be used to promote and encourage the establishment of these special programs and to cover major initial expenses, such as the purchase of a mobile unit.

Public libraries must be encouraged to look on the provision of service to the physically handicapped – a large group of people libraries do not appear to be reaching to any extent at present – as a challenging, necessary, and worth while undertaking that is by no means charity. This, however, might well necessitate a change in point of view and attitude, and a re-assessment of priorities. As pointed out above, the handicapped have as much right to the whole range of library materials as does the general public.

In conclusion, I can only re-emphasize that it is evident the representatives of organizations and institutions interviewed for the purposes of this report consider library service to the physically handicapped to be extremely important. As one of them put it: "The organizations serving the handicapped are interested and willing to co-operate with libraries in an effort to see that library service to these people is greatly improved and extended; now it is about time that libraries did something." Are public libraries in Canada going to let this challenge go unanswered? □

The Toronto public library's service to shut-ins

V. Felicy Ludlow

The Shut-In Service was instituted in September 1970 as part of the Toronto Public Library's Travelling Branch. The Librarian-in-charge of this Branch describes the service and its plans for the future

A convalescent patient comes home from the hospital, mended but not mobile and thoroughly bored; a borrower with asthma or a heart condition or a lame leg can manage in good weather but snow and icy winds defeat him; a man in a wheelchair can only go to the library if he can organize a trip with friends; a long-time library user finally succumbs to arthritis, or failing sight, or the weakness of old age, and must give up. For years the Toronto Public Library had been aware of these unreached, handicapped citizens who have as much right to library services as anyone else in the City of Toronto. The Library Board has been making preparations since early 1960 so that a service to shut-ins could begin at once whenever a favourable financial situation made it possible. In 1970 this happened. During the spring nearly ten years' worth of latent plans, many of them inspired by the Cleveland Public Library's renowned Judd Fund Service, were activated; and on 16 September 1970 the newly organized Shut-In Service visited its first borrowers.

The Shut-in Service (SIS) is a part of the Toronto Public Library's Travelling Branch, which with responsibility to the ill, aged and handicapped, places book deposits in homes and clubs for the aged, and operates and staffs bedside booktruck service in several longer-stay hospitals through the city. This connection facilitated the SIS's development, as it was a natural outgrowth of work which the Toronto Public Library had been doing for many years. The machinery was already in existence in Travelling Branch, including the administrative machinery and a 20,000 volume book collection, and methods could be developed to dovetail with those already in use.

Preparations were intensive. The library prepared four printed advertising pieces; an explanatory brochure, and a briefer bookmark with an application form on the back; a standard-size poster, and a smaller, lighter-weight version that could be put up on an office noticeboard. For economy and effectiveness these four items all use the same colours and the same simple design and style of lettering. In the few weeks preceding our target-date (mid-September 1970) the library information officer sent brochures and bookmarks with a covering letter to every doctor's office in Toronto; the social service and outpatient departments of every hospital; the public health nurses, the Victorian Order and St Elizabeth's Visiting Nurses, and the Visiting Homemakers. "Meals on Wheels" centres were contacted. Every church in the City of Toronto received the literature. Notices were sent to the daily newspapers, including the ethnic press. Internally, every branch of the Toronto Public Library displayed posters and brochures; and the Travelling Branch staff publicized the new service in the hospitals they visited, and gave out application bookmarks to likely "customers."

Who would qualify for shut-in service? This had to be one of the early decisions, as the public library of the City of Toronto (population 664,600) services were automatically limited to residents of the City of Toronto (The five boroughs which, with the city, make up Metropolitan Toronto, with a population of 2,280,000, have their own public library

boards and most now provide service by various methods to their own shut-ins.) Only *bona fide* shut-ins could be visited – it is not a convenience service, in spite of the occasional voice on the telephone requesting book delivery because the caller is out so much that getting to the library is too much trouble! A prospective shut-in borrower must be housebound for at least three months, though this is interpreted leniently. Frail elderly people who can get out in the summer, but not in winter, are eligible on a "winter-only" basis.

The age ranges from the twenties and thirties to over ninety years, with older people predominating. It was decided to start with adults and young people only, and so far, 18 months later, there have been no requests or enquiries whatever about extending the service to children.

Organization and method

The total Travelling Branch staff consists of one librarian and five non-professional assistants, two of them assigned to the Shut-In Service. The SIS staff consists of a woman assistant in charge, and a male driver/assistant. They have full responsibility under the Head of Travelling Branch for everything pertaining to the service, including record-keeping, filing, typing, the handling of books, as well as selecting and preparing books for the borrowers, planning the best routes, and making the house visits. The Library Board considers that a male driver is essential, if for no other reason than because the loads of books are often very heavy. He also makes the special deliveries for the Branch, for instance when deposits at old people's homes and clubs are exchanged.

A station wagon is used for home deliveries. Otherwise, we found that very little special equipment was needed – except a good street-guide! A bundle-buggy is useful in certain apartment houses, especially those for senior citizens where there may be several borrowers in a building. We could not get along without webbing straps (36 inches long by one-half inch wide, with buckle and tip, procurable from Hamilton Cotton Co., Hamilton, Ont.) to bundle together the books for each borrower. The delivery card, showing the name and address, and number of books out to him on the previous visit, is conveniently tucked under the strap.

To fit in with the Toronto Public Library's three-week loan period, each shut-in is visited every three weeks, at a regular time. This was an early decision, made with future expansion in mind. As the number of visits were building up, more and more shut-ins, sometimes several new ones in a day, could be fitted in to the schedule without dislocating the service, and with no hard feelings on the part of the first few members who never did get accustomed to "phone-when-you-need-more-books" treatment.

For purposes of scheduling visits, the city is divided into four main areas. Each week, one day is spent in each of these areas. This has proved more efficient and flexible for us than the original plan of dividing the city into three areas and spending an entire week in each. The remaining day is spent working in the office, raiding branches in the library system for books, making extra non-scheduled deliveries for Travelling Branch, or doing a day's Shut-in Service deliveries that had to be deferred because of a public holiday during the week.

What happens when a new shut-in borrower registers?

On hearing of the service, the shut-in telephones or writes to Travelling Branch and gives the information required; name, address and telephone, tastes in books, and number of books he would like for a three-week period (20 is the limit). The staff ascertain that he is genuinely shut-in, and note anything he may volunteer as to his age and condition; and also find whether he requires large-print or foreign-language books. Often it is not the shut-in himself who telephones, but a member of the family, a friend, or a visiting nurse. We try to get the name and telephone number of some "reference" of this kind, because shut-in borrowers are so often whisked off to the hospital, move for other reasons, and we found

it helpful on many occasions to know whom to contact.

The new borrower is then assigned to a cycle, depending on where he lives. The first visit is made as soon as possible, and he is telephoned the day before to confirm the time. Meanwhile a card is typed for the membership file, and a page for the Delivery Schedule book; and also a coloured delivery card. The due date (three weeks from date of issue) has been stamped on the book's date-due slip, and the borrower is instructed to refer to that date if he wants to check when to expect the next visit. A "reader-has-read" card is typed for each book, and this is filed in the invaluable "Reader-has-read" file behind his name. On each subsequent visit the books are exchanged and any special requests are noted.

Special records which are kept

Because this was planned from the first as an on-going service, certain records were set up that were not immediately necessary but were valuable inside of six months. One is the *Reader-has-read file*. It is kept on 3" x 5" cards in a catalogue cabinet, filed by author behind the reader's name. It is consulted every time books are selected for a borrower; and though it is time-consuming in one sense, it can be maintained with a few minutes' typing daily and the SIS staff find it is invaluable because it saves duplication and wasteful checking. We investigated photocopying this file, but found the slips were a nuisance for several reasons; they required trimming, they stick together; and they are so light-weight they could not stand up to constant handling over the months and years.

A *membership file* is kept on 3" x 5" cards, alphabetically by surname. This card lists all the information we have about the borrower; date of joining SIS; and the delivery cycle. If the borrower drops out, the card is removed to another file.

The *Delivery Schedule book* is a looseleaf notebook with a sheet for each borrower. It is arranged by cycle-week, and subdivided under "week," by area. Cycle-weeks are designated A, B and C, and each is divided into east, west, north and central. Scattered through the book are local street-maps (photocopies) of the different parts of the city, with the best routes marked and the shut-ins' homes dotted in red.

The *delivery cards* are 3" x 5" coloured cards giving the borrower's name, address, and any special notes such as "deaf." The date of the last delivery and the number of books the borrower had are jotted on the card, which travels with the bundle of books for that borrower.

Toronto Public Library books have date-due slips and book-cards, and the method used in SIS is really the old hand-charging system. When a book is being prepared for a shut-in borrower, his name is entered on the date-due slip and on the book-card, and the date due, that is, the date of the next visit – is stamped. The book card is then filed in a "books – circulating" file, alphabetically by author. When the book is returned it is slipped and is then ready for shelving or re-issue.

The shut-in readers

Who are these shut-in readers? How did they hear about the service? What are the common handicaps? Why do they drop out? The membership seems to have levelled off at about 225 regular borrowers. Of these a small number, slightly under ten per cent are inactive; that is, temporarily in hospital, or away on a visit. In the spring a few more, the "winter-only" people, will drop out till next fall. We can anticipate that the inactives will be requesting SIS visits again. Others withdraw permanently.

It is against the Library Board's policy to probe into a reader's disability except in the most general terms to establish that he is, indeed, "shut-in" unless he himself volunteers the information. However it is obvious to our workers that the two main reasons, either primary or contributing, are old age and arthritis. About two-thirds of our shut-in borrowers can be called old.

Of 200 borrowers who volunteered information about their condition, the following are the reasons they gave for being shut-ins. These figures and those which follow have

been assembled from what the shut-in borrowers themselves, or their friends or visiting nurses have told us.

Disability	Percentage
Arthritis and rheumatism	21%
"Old age"	12.5
Lame	11
Broken hip	7
Heart trouble	6
Poor eyesight	5.5
Paraplegia	4.5
"A problem walking" (probably central nervous system)	4
Stroke	4
Bedridden or in wheelchair (no specific reason given)	3
Diabetes	2.5
Cerebral palsy	2
Circulatory trouble	2
Respiratory	2
Fracture	2
Cancer	1.5
Muscular dystrophy	1.5
Amputation	1
"Bad leg"	1
Multiple sclerosis	1
Other reasons	5.5

"Other reasons" included blood condition, congenital deformity, dizziness, badly torn ligament, recovering from an operation, nerve disorder, "chronic ill health," and "gets lost when outside."

We were interested to see where our SIS borrowers had heard about the service, or who referred them. We analysed the "source" as given by over one hundred shut-ins.

Through their local library	25%
Visiting nurses	15
Members of their family	13.5
Other shut-in readers	11
Friends	10
Meals on Wheels	4.5
Church connection	4
Travelling Branch service in hospitals	4
Radio (interviews, or spot announcements)	4
Newspaper	3
Other sources	6

"Other sources" included a home visiting teacher, Family Services, an association for the handicapped, a hospital social worker, a visiting homemaker; also a building superintendent, and landlady, and a hairdresser. One heard via a relative living in the U.S.A. who had seen it mentioned in an ALA publication.

Over one hundred shut-in borrowers have withdrawn during our 18 months of operation. We analysed 50 of these withdrawals and found the following reasons:

Cause	Percentage
Gone into a hospital or nursing home permanently	22%
Died	20
Left the City of Toronto	18
Deteriorated physically	16
Recovered	12
Sight deteriorated	6
Other reasons	6

One gave up because her landlady would not let the SIS staff inside the house.

Circulation to SIS borrowers runs between 1,000 and 1,300 a month. Many are very active readers who request titles they have seen in book reviews, and enjoy books of all kinds, fiction and non-fiction. They seem to have a special liking for historical novels. The general reading level is higher than in the hospitals and homes, probably because only those who really want the service ask for it, and also because people who can still be at home are likely to be in more active physical condition. Some readers need books in other languages. A few are multilingual and though they read English easily, like to keep up another language as well. Many depend on books in large print, and particularly in small format. The Shut-In Service draws very heavily on the resources of other Toronto Public Library branches for its many specialized requests, and without the co-operation of these branches, and the Interloan Department, our readers could not be served.

Have these 18 months been profitable? We think they have. The shut-in readers seem to think so, judging by their kind notes on Christmas cards, and the messages from relatives. The SIS staff are interested in the way "little

clubs" seem to form spontaneously in some of the Ontario Housing apartment buildings, where getting SIS books frequently makes a point of contact with other residents. In the fall of 1972 the Toronto Public Library will begin a talking book service, using cassettes, for the non-blind handicapped, and we are looking forward to reaching many more citizens who cannot now have the enjoyment of books by reason of their physical disabilities.

A library for listeners

E. G. Brown

The librarian of the Canadian National Institute for the Blind library in Toronto discusses the talking book and how libraries can serve the physically handicapped who cannot use books

There is a community of possibly thirty thousand people in Canada who do not have access to a library and in fact for whom books do not exist. Yet this is a community of vital human beings who are just as entitled to the printed word as are you and I. It lies within our power to make books available to them. The books would have to be in recorded form, for the community of people I am speaking of are physically unable to hold a conventional book. They are not all in one place, they are scattered throughout Canada giving all librarians an opportunity to serve these people.

In 1878 Thomas Edison suggested that books for the blind could be presented in the form of recordings. Over fifty years were to pass before Edison's suggestion became a reality. The recordings, known as talking books, began reaching blind people in the United States in 1934, and became available to Canadian library users two years later. Prior to the introduction of the talking book, libraries for the blind circulated embossed books which were read by touch by library users, but with the introduction of the talking book, reading by touch declined sharply in relative importance and for blind people the recording became a principal reading medium within a very few years.

The history of the talking book reflects a steady advance of twentieth century technology. When first introduced the listener had 15 minutes of reading time on one side of a 33⅓ R.P.M. disc. With each passing year the length of listening time grew and by 1960 the reader had a half an hour. Then the disc was slowed to 16⅔ R.P.M. and 45 minutes of reading time was presented to the reader on one side of a ten inch disc. Further developments soon demonstrated that 8⅓ was practical; giving the reader an hour and a half of listening time without having to move a muscle. It now appears that 4 R.P.M. is a practical speed for the recorded voice, theoretically yielding three hours of playing time on one side of a record. The extra-long playing record, however, brings with it its own peculiar problems. Few people wish to read for even an hour at a time without a break. With an hour and a half on the disc place finding is possible but in order to do it is often necessary to make minute adjustments in the placing of the needle, resulting in scratched

records. At 4 R.P.M. the problem becomes compounded and an ill-timed sneeze may result in the reader missing a full chapter.

In Canada the 33⅓ disc was used for the talking book until 1962. It was at about that time that the talking book in the United States was converted to the 16⅔ disc. Since Canada's program was based essentially on that of the United States it became necessary to make an adjustment here. For several years serious thought had been given to the use of tape recording for the talking book program. There were many problems associated with disc recording, they were easily scratched, either through incautious handling or because of the accumulation of dust. The principal difficulty arose however, from warping. The warping caused by over-exposure to heat in the user's home or in transit from the library to the user, made a disc unplayable. On occasion CNIB's library lost over $150 worth of discs in a single mailing because of this condition. Tapes seemed an obvious solution to the problems of the disc. In order to supply books on tape however, it was deemed essential for the tape to be enclosed in a cassette so that it would not be necessary to thread the tape on a machine.

The Royal National Institute for the Blind, in association with St Dunstan's, the noted war blinded training centre in Great Britain, produced a four and one half pound cassette capable of reproducing 21 hours of listening time. The cassette with its appropriate reproducer was put into service in Great Britain as the medium for the talking book and in 1962 was adopted by CNIB for Canada. The CNIB's library began the arduous process of acquiring a collection of books on cassette. Within five years, a far from adequate but a reasonable collection had been established, but by 1967 advancing technology had made a much improved cassette possible and the manufacture of the original cassette was discontinued.

A new cassette known as the tapete is about the size of a man's hand and weighs seven ounces. It has a potential of 12 hours playing time. The original cassette had been awkward for more reasons than its weight. The average talking book is just under nine hours of playing time, accordingly in order to make the maximum use of the 21 hour cassette we frequently recorded two books on one cassette. Apart from being a general nuisance, to the cataloguer a "bound with" presents no special problems as a conventional book, but when a "bound with" is on a 21 hour cassette it is difficult indeed, for often enough, the reader wishes to have the second book on the cassette only. Locating the end of the first title becomes quite a chore. The tapete does not present this problem, two books are occasionally recorded on one cassette but only ephemeral material is handled this way.

Five years have now passed since the introduction of the tapete and again a reasonable collection of books is available. The tapete is an excellent vehicle for the talking book so that even if there are advances in technology in the next few years, the library would be justified in staying with the tapete in order to provide readers with the maximum possible collection.

Libraries for the blind have a pre-occupation with technology as it has a significant bearing on the service provided to readers. With the advent of the cassette for the first time in history we were confronted with a book which had moving parts. Those of you who have struggled with an automatic washer or even a mix-master will appreciate the point.

There is a three per cent failure in tapetes circulated. At present our circulation to 5,000 readers is 13,000 books a month. Three per cent sounds like an insignificant figure but for the month of January 1972 it meant there were 390 books that did not work. While the CNIB library does not wish to find a new cassette, its technicians are attemping to improve the present cassette.

The collection of material that has been established contains a considerable amount of non-fiction though, since the talking book is used primarily for recreational reading, there are no books of a technical nature included. The collection is more heavily weighted to fiction and the fiction itself contains more detective stories and westerns than a librarian

would expect to find in a small collection. This is not only because books are designed for recreational purposes but also because the blind user does not have access to the paperback at the local newsstand.

Five thousand of Canada's twenty-eight thousand blind people use talking books. The number of users grows steadily as more individuals come to realize the values to them of the talking book. Each blind person who becomes known to the CNIB is made aware of the talking book, but many people whose life style has not been book oriented hesitate to become library users. It is only through publicity and personal demonstrations that they come to realize that the talking book is not only a way of reading without sight but that it is a replacement activity for driving one's car, going to a ball game or standing on the corner watching the girls go by. In areas where libraries for the blind have carried out extensive public relation programs, especially in the United States, it has been found that fifty to seventy per cent of the blind population become talking book users and accordingly live fuller, richer lives.

A staff member explains how the talking book duplicator works to a group visiting the CNIB Library located on Bayview Avenue in Toronto

Blindness is not the only disability which prevents people from reading conventional books. People suffering from multiple sclerosis, severe arthritics, quadraplegics and others cannot read because they cannot hold a book. These people are equally as entitled to library service as are the blind. In 1966 talking book service was expanded in the United States, so that not only blind people but all who were unable to read conventionally were given access to the program.

A stack area for talking books at the CNIB Library in Toronto. These shelves house 21 hour cassettes ready for mailing in their shipping containers

Costs for operating such a program are increasing for two reasons; the number of library users is growing and the inflationary trend that we are experiencing becomes all too apparent in library budgets.

The cost of operating the Canadian National Institute for the Blind's library for 1972 will be $300,000. The library, of course, offers more than talking books. Eleven hundred readers use braille books. The library published several periodicals and a few books in braille and it operates a transcription service to prepare specific books especially for blind high school and university students in braille and on tape recording.

Equipment required for talking book library service is of two kinds:

1. The equipment required for production and servicing of recorded cassettes consists of turntables, tape recorders and a cassette duplicator to the value of $32,000. In addition rewind units are required to reset cassettes returned by users. This library has two units.

2. Each library user must be supplied with a reproducer model 2048, $85.00. There must be a ratio of five cassettes per reproducer. A cassette with mailing container is $8.25. Labour costs in producing and equipping one title of 12 hours reading time or less from prerecorded material, including depreciation on equipment is $120.00 for 60 copies; or $2.00 each.

We estimate that the cost of producing catalogue cards for library use and the preparation of a catalogue in book form for the use of readers will this year be $16,000.

Braille books and periodicals are acquired through purchases in the United States and Great Britain and through the production facilities located in this department. Since braille requires a considerable amount of space, one title usually requires several volumes, for example: Hugh MacLennan's *Return of the Sphinx* is in four. Our largest, *World Book Encyclopedia*, is in 145. The cost of one volume in braille purchased abroad varies from $2.50 to $4.00. The cost of producing braille from this department's facility varies with the number of copies of an item issued. During 1970, $44,800 was spent on acquiring braille for library users in Canada. There is an additional cost for equipping and circulating books and for technical services amounting to $10,000. Blind high school and university students and professional people require textbooks and other printed material in braille and recorded form. Most items are not available and must be prepared. During 1970, $40,000 was spent on this project.

The CNIB has prepared a plan for the provision of library service to the blind and otherwise physically handicapped people, which is to be tax supported. This plan will shortly be presented to governmental agencies. It calls for tax dollars to pay for equipment, its delivery and maintenance supplied to library users and to pay for the production of recorded cassettes, in fact to cover the entire cost of the operation of the library.

The plan is contingent upon the willingness of some municipal, county and regional libraries to participate in the program. A library for the blind in Canada was first established by Mr E. B. F. Robinson in 1906 when he began circulating embossed material to readers through the mails from his home. When Mr Robinson mailed off his first book he established a pattern that is continued to this day; that is one central library for all of Canada.

The service to readers throughout Canada is extended from CNIB's library at 1929 Bayview Avenue, Toronto 17, Ontario. A reader who is remote from the library cannot enjoy as high a standard of service as a reader living within telephone range. The service is, of course, extended through the mails even for those residing in Toronto. The books are fortunately carried post free through the courtesy of the Canadian Postal Department. Library service to the blind and otherwise physically handicapped will be, at least for the foreseeable future, a mail order business. A few people can call at the library to pick up books, but for most mail is the only practical method.

In order to provide a truly satisfactory talking book service, talking book libraries should be established in each community of 100,000 or more to serve not only the immediate community but also surrounding areas. The libraries who participate will be asked to provide housing for the collection of books and personnel to handle circulation. These libraries will require some special shelving to accommodate cassettes. Each will require a rewind machine at a cost of approximately $300 and possibly two reproducers at a cost of $85 each for checking and demonstration purposes. This plan has been discussed with a number of librarians and the response has been most favourable. It is our hope that this year or early in 1973 at the latest all handicapped people in Canada will have access to literature as is their right. □